

Communicable Disease

UPDATE

Newsletter of the Bureau of Communicable Disease Control, Massachusetts Department of Public Health
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Foodborne illness initiatives

It's here! The *Foodborne Illness Investigation and Control Reference Manual*

The Massachusetts Department of Public Health (MDPH) is pleased to announce the all new *Foodborne Illness Investigation and Control Reference Manual*, available for local boards of health in Massachusetts.

Increased emphasis is being placed on foodborne illness investigation and control in Massachusetts.



This emphasis is based on input from the MDPH's Working Group on Foodborne Illness Control, local health departments, CDC's 1994 publication, *Addressing Emerging Infectious Disease Threats: A Prevention Strategy for the United States*, and the recent national initiative to enhance the safety of the food supply. These sources point out the need for up-to-date information and increased technical assistance to local health departments for prevention and control of foodborne illness.

The reference manual is a comprehensive guide that offers instruction on foodborne illness surveillance,

epidemiologic and environmental investigation, and control. It contains basic information, guidelines, recommendations, and regulatory requirements. The manual will be distributed free to all local health departments. Trainings will follow that will cover material in the manual. Two copies for each local health department are available at the MDPH's regional immunization offices. Please call ahead to make arrangements for pick-up. For other health professionals who are interested, the reference manual will be available soon on the MDPH's web page. The web page address is:

[<http://www.magnet.state.ma.us/dph/>]. Look under the "Provider Information" section. You will need adobe acrobat reader to download information. Questions can be addressed to Allison Hackbarth, MPH, Managing Editor, at (617) 983-6800. (See pages 2 and 5 for related articles on foodborne illness.)

Expanded state-supplied vaccine availability

In accordance with the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP), the Massachusetts Immunization Program (MIP) is immediately expanding the availability of state-supplied hepatitis B, varicella, MMR, and hepatitis A vaccines. Hepatitis B vaccine is now available to all children through 18 years of age with targeted catch-up of adolescents in the 6th through 12th grades and all children in any of the high-risk groups. Varicella vaccine is now available for susceptible children through 18 years of age and susceptible household contacts of immunocompromised individuals regardless of age. MMR is now available for the first or second dose for all children through 18 years of age. Hepatitis A vaccine is now being provided by the MIP. This vaccine is available for high-risk children through 18 years of age, with prior approval from the MIP.

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Foodborne illness initiatives

A new surveillance system

The Massachusetts Working Group on Foodborne Illness Control (WGFIC) routinely uses a foodborne illness complaint worksheet to record episodes of possible foodborne illness. In 1997, the WGFIC implemented the use of a computer database system for tracking complaints, in which key information can be entered, updated, reviewed, and analyzed. Linked data files allow results from environmental, epidemiologic, and laboratory investigations stemming from specific complaints to be entered and rapidly accessed.

The database can be used to identify specific complaints based on time, town, suspect establishment(s), or other variables. Programs can be run to determine possible links among complaints received (e.g. a common town or establishment), or, for example, to analyze food handling violations found by setting or by food type.

The WGFIC encourages all local boards of health to complete the complaint worksheet and to fax or mail it to the Division of Food and Drugs. A copy of the worksheet can be found in Chapter 4 in the *Foodborne Illness Investigation and Control Reference Manual*. (See related foodborne illness articles on pages 1 and 5.) Outbreaks of foodborne illness often go undetected or are identified too late to prevent further illness. A single foodborne illness complaint received by one town, forwarded to the WGFIC, and logged into the database, may be the only link to another such complaint received from a neighboring town, thus helping to identify a foodborne outbreak.

Fax or mail (in an envelope marked "Confidential") completed worksheets to:

Food Protection Program
Division of Food and Drugs
MA Department of Public Health
305 South Street
Jamaica Plain, MA 02130
Fax number: (617) 983-6770

Oral rabies vaccine barrier expanded

All parts of Massachusetts currently have raccoon rabies except for Cape Cod and the islands of Martha's Vineyard and Nantucket. The Massachusetts oral rabies vaccine program is in its fourth year. Every six months, the Tufts School of Veterinary Medicine and the Massachusetts Department of Public Health distribute fishmeal bait containing rabies vaccine onto the ground on both sides of the Cape Cod Canal. The raccoons eat the bait and become immunized



against rabies, providing a barrier of immune raccoons.

Until now, the main goal of the program has been to keep Cape Cod free of raccoon rabies, but due to the documented success of the program, the vaccine zone is now being expanded northward into the towns of Plymouth and Wareham. The new goal of the oral

rabies vaccine program is to continue expanding the vaccine zone north and west into the state so that larger portions of the state may become protected, minimizing the risk of human and domestic animal exposure to rabies.

Chronic fatigue syndrome

Chronic Fatigue Syndrome (CFS) is a serious and often disabling condition. Also known as Chronic Fatigue Immune Dysfunction Syndrome (CFIDS), CFS is a complex, multisystem illness characterized by prolonged (six months or longer), debilitating fatigue associated with symptoms such as recurrent sore throat, muscle and joint pain, headache, and neurological complaints.

CFS is not a new disease. It has occurred in many parts of the world, over many years, with names such as epidemic neuromyasthenia, myalgic encephalomyelitis, and others. Fibromyalgia syndrome is a closely related disorder. Outbreaks have been reported. The syndrome often begins following what seems to be an acute viral illness. It may last for many years. Unfortunately, no specific biologic markers or diagnostic tests have been defined as yet, but many patients have unregulated immune systems on certain tests, abnormal brain scans, and neuroendocrine and autonomic nervous system abnormalities.

While prolonged and severe fatigue can be caused by a number of conditions, such as hypothyroidism, malignancy, sleep apnea, medication, obesity, etc., CFS is a distinct, scientifically recognized disease syndrome. The federal Centers for Disease Control and Prevention (CDC) revised the CFS case definition in 1993. The current definition includes: clinically evaluated, unexplained persistent or relapsing fatigue that is of new or definite onset, is not the result of ongoing exertion, is not substantially alleviated by rest, and results in substantial reduction in previous levels of occupational, educational, social, or personal activities. The case definition also requires four or more concurrent symptoms, persistent or recurrent over six months, among which are impaired memory/concentration, sore throat, tender lymph nodes, multijoint pain without apparent inflammation, new type/pattern/severity of headache, unrefreshing sleep and postexertional malaise. Other medical or psychological conditions that may cause prolonged fatigue need to be ruled out.

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STDs and cancer

It has long been noted that some cancers have epidemiologic characteristics similar to those of sexually transmitted diseases. Recent work has demonstrated associations between infections with human papilloma virus (HPV, or genital warts), with cervical and anal carcinoma, and hepatitis B virus with liver cancer. These findings were prominently highlighted in the Institute of Medicine's report on STDs in America, "The Hidden Epidemic." One of the emerging issues for STD prevention is how it can be a tool for preventing cancer.

Dr. H. Hunter Handsfield, a well-known and respected STD researcher and clinician, will spend a sabbatical year at CDC to help develop national programs aimed at viral STD prevention. Many issues need to be confronted. There are no cures available for viral infections. Laboratory resources need to be expanded, as viral isolation and typing facilities are not typically provided through STD prevention programs. Viral STDs increase the importance of either incorporating more reproductive care services into STD care, or tightening connections between STD and reproductive care services. Surveillance must be able to distinguish between primary versus recurrent infections. Viral STD-specific prevention educational messages are needed. What do we need to be aware of when educating about chronic infections? These are some of the challenges STD programs will need to meet as we move into this new realm of prevention.

STD clinic list

The recent RFR for public health contracts has been completed. The following is a preliminary list of Massachusetts STD clinics listed by region.

Northeast

HealthQuarters (Lynn) (781) 595-5463
Lowell Community Health Center (978) 937-6100
Holy Family Hospital (Methuen) (978) 687-0151

Boston

Boston Medical Center (617) 534-4081
Massachusetts General Hospital (617) 726-2748
Chelsea Health Center (617) 887-4608

Southwest

Brockton Hospital (508) 941-7000, x2205
Stanley Street Treatment and Resources (Fall River) (508) 679-5222

HIV episode triggers awareness

In the fall of 1997 a drug dealer traveled between Jamestown, New York and New York City, dispensing drugs and transmitting HIV along the way. He accepted sex as well as money for drugs. Many of his contacts were teenagers, and much of the sex was anonymous. The situation was recognized after one contact came to the Jamestown STD clinic, was diagnosed with chlamydia, and subsequently tested positive for HIV. Six others eventually came to the clinic, and either named the dealer or gave a close physical description. At least 28 primary partners and 53 associated contacts have been named. These contacts have named at least 70 additional partners. Of these contacts, good descriptions, names and/or locating information is available for less than 30.

This episode has focused attention on the value of public health Partner Notification (PN) as an STD/HIV disease prevention tool. PN serves those at highest risk of exposure (partners of infected people) by informing them of their exposure, educating them regarding behaviors that elevate their risk for infection and how they may reduce such risk, and providing opportunities to be evaluated/tested. PN services are also designed to protect the source of information from disclosure. For more information about PN and how it is conducted, call the Division of STD Prevention at (617) 983-6940.

Videotape available

A videotape of a recent conference on caring for adolescents with STDs can be obtained by calling the Division of STD Prevention at (617) 983-6940.

Central

Planned Parenthood (Worcester) (508) 854-3300

Western

Brightwood Health Center (Springfield) (413) 784-8354
Family Planning Council (Springfield) (413) 733-6639
Berkshire Medical Center (Pittsfield) (413) 447-2654

Two clinics are subcontracted satellite sites (Chelsea from Massachusetts General Hospital and Family Planning from Brightwood). Information about clinic hours will be released as soon as that is finalized.

Immunization

Don't gamble with the life of your baby!

In October of 1997, the Massachusetts Immunization Program launched a state-wide six-week immunization campaign directed toward Spanish-speaking residents of Massachusetts. Using the themes "No Juegue Con La Vida De Su Bebé (Don't Gamble with the Life of your Baby), and "Vacúnese: Algunas Enfermedades Nunca Se Quedan Atrás" (Immunize: Some Things You Never Outgrow), the campaign used newspapers, billboards, radio, and television spots to emphasize the need to have both children and adults up-to-date with immunizations.

Designed by HMA Associates of Washington, DC, and the National Coalition for Adult Immunization of Bethesda, MD, the campaign focused on increasing the immunization rates of children under the age of two and adults within the Hispanic community. Each ad featured the National Immunization Information's toll-free number for more information and questions. "Although our rates for immunization are very high in Massachusetts," says Victoria Soler, Coordinator of the Massachusetts Immunization Program, "it has been very hard to reach everyone within the

Spanish-speaking community. We are excited to be able to use these very effective national campaigns in Massachusetts."

Don't wait—vaccinate

It's not too early to begin planning your activities for National Infant Immunization Week (NIIW) scheduled for April 19 to 25, 1998. Contact your local Regional Immunization Office to obtain a kit or other materials.

Chronic fatigue syndrome

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The 1998 National Research and Clinical Conference of the American Association for Chronic Fatigue Syndrome (AACFS) will be held in Massachusetts, at the Hyatt Regency in Cambridge, October 10-12, 1998. For more information, contact AACFS at the address below.

Sources of information

- The National Institutes of Health publishes *Chronic Fatigue Syndrome – Information for Physicians*. [For an information packet, contact: Office of Communications, NIAID (31/7A50), 31 Center Dr., MSC 2520, Bethesda, MD 20892-2520]
- The Massachusetts Chronic Fatigue Immune Dysfunction Syndrome Association has published *Chronic Fatigue Syndrome: A Primer for Physicians and Allied Health Professionals* and provides information, education, advocacy, and support to patients and providers, including a quarterly newsletter. [Mass CFIDS Association, 808 Main Street, Waltham, MA 02154; (781) 893-4415; <http://www.masscfids.org>]
- The CDC provides *The Facts About Chronic Fatigue Syndrome* and information about CFS over a 24-hour voice information system at (404) 332-4555. [Centers for Disease Control and Prevention, National Center for Infectious Diseases, Atlanta, GA 30333]
- The CFIDS Association of America, Inc. supplies informational brochures, professional education materials, patient support and advocacy, and *The CFIDS Chronicle*. [The CFIDS Association of America, Inc., P.O. Box 220398, Charlotte, NC 28222-0398; (800) 44-CFIDS (800-442-3437); <http://www.cfids.org>]
- The American Association for Chronic Fatigue Syndrome is a professional organization for clinicians. [AACFS, c/o Harborview Medical Center, 325 Ninth Ave., Box 359780, Seattle, WA 98104; (206) 521-1932; <http://weber.u.washington.edu/~dedra/aacfs1.html>]
- *Journal of Chronic Fatigue Syndrome*, [Haworth Medical Press, 10 Alice St., Binghamton, NY 13904-1580; (800) 342-9678; <http://www.getinfo@haworth.com>]

You be the epi

It's Friday afternoon, and a local hospital infection control practitioner calls your board of health to report three cases of gastrointestinal illness among patrons of a restaurant in your jurisdiction. By the end of the day, two more hospitals have telephoned your office with two additional cases involving the same food establishment. What should you do?

Analysis

Five cases of illness linked to one establishment should send up the "red flag" signal that you could have a foodborne outbreak on your hands. The following are sequential steps in the investigation of foodborne complaints and outbreaks.

- 1) Be prepared. You should already have designated individual(s) trained in foodborne disease prevention and control to evaluate and investigate foodborne illness complaints and outbreaks.
- 2) Record information on a *Foodborne Illness Complaint Worksheet*. (See related article on page 2.)
- 3) Report the cluster to the Massachusetts Division of Food and Drugs at (617) 983-6712 or the Massachusetts Division of Epidemiology and Immunization at (617) 983-6800.
- 4) Take steps to reach a diagnosis.
 - Collect leftover food samples when appropriate from the food establishment and/or complainant in a timely manner.
 - Obtain clinical samples when appropriate in a timely manner.
 - Obtain case histories.
 - Immediately investigate reports of suspect sick food workers and exclude if necessary. Request all symptomatic food workers to submit stool specimens within 48 hours. Food workers who do not submit stool specimens must be restricted from work until they comply.
- 5) Conduct an environmental investigation within 24 hours. Conduct a Hazard Analysis Critical Control Point (HACCP) risk assessment of the implicated foods as part of your investigation.
- 6) Develop a case definition and identify cases. Make epidemiological associations (TIME, PLACE, PERSON). Formulate hypotheses.

- 7) Take control action. If necessary, initiate immediate correction or enforcement actions (embargo, disposal, emergency closures, suspension of operations. If necessary, issue a press release or public notice.
- 8) Complete and submit *case report forms* (on confirmed reportable illnesses) to the Massachusetts Department of Public Health. Call the Surveillance Program at (617) 983-6816 for more information.
- 9) Document all your actions.

NOTE:

The information on this page is abbreviated. For more complete and detailed information, consult the Massachusetts Department of Public Health's *Foodborne Illness Investigation and Control Reference Manual*. See article on page 1.



Important telephone numbers

When investigating foodborne illness, technical support from the state is available from the following divisions.

- **Division of Epidemiology and Immunization.** Contact for epidemiological support at (617) 983-6800.
- **Division of Food and Drugs.** Contact for environmental support at (617) 983-6712.
- **Division of Diagnostic Laboratories.** Contact for laboratory support at (617) 983-6600.

Immunization

What's ahead for school entry immunization requirement

Since 1994, several new vaccines have been licensed, and new recommendations for optimal immunization of children have been published by both the American Academy of Pediatrics (AAP) and the Advisory Committee on Immunization Practices (ACIP). The Department of Public Health, in consultation with colleagues in the school health, public health and provider communities, is exploring several revisions to the current immunization requirements. For entry into Kindergarten through 12th grade, four changes are being discussed, including: requiring 4 doses of polio vaccine, one or two doses of varicella vaccine for all susceptible students, 3 doses of hepatitis B, and 1 dose of Td vaccine. For college entry, two changes are proposed: 3 doses of hepatitis B vaccine, and an expansion of the scope of students for whom the regulations would apply. If these **proposed changes** are approved, they might be expected to become effective in the fall of 1999 or 2000. If you have questions or would like to comment on these proposed changes, please contact the Massachusetts Immunization Program at (617) 983-6800.

Ordering pediatric hepatitis A vaccine

Hepatitis A vaccine is now available through the Massachusetts Immunization Program (MIP) for high-risk children 2 through 18 years of age. While this vaccine will **not** be a stock item at your local vaccine distributor, you will be able to obtain it through them. You must order hepatitis A vaccine directly from the MIP. The vaccine will be packaged for you and given to your local vaccine distributor. Contact them to arrange a convenient time to pick up the vaccine.

Hepatitis A orders can be placed by fax or mail using the special *Hepatitis A Pediatric Vaccine Order Form*. Vaccine usage will be accounted for on the special *Hepatitis A Pediatric Vaccine Usage Report*. This form should be used instead of the scanner form to document vaccine administration. This form is to be mailed or faxed back to the MIP immediately following vaccine administration.

A mailing containing guidelines on hepatitis A ordering and accountability, including the above mentioned order form, usage report, and a list of eligible high-risk groups, was mailed to all vaccine providers. If you did not receive this packet, please call your regional MIP office or our central office at (617) 983-6800.

Expanded vaccine availability

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Providers are encouraged to contact their local vaccine distributor to order adequate supplies of vaccine. The MIP is encouraging providers to try to catch-up adolescents with varicella and hepatitis B vaccine within the next two years. It is possible that sufficient funding for all these adolescent age groups may not be available after this time period. If you have any questions concerning the new policy change, please call your regional MIP office or our central office at (617) 983-6800.

Summary Table Of Expanded Vaccine Availability

State Supplied Vaccine	New Eligible Groups
Hepatitis B	<ul style="list-style-type: none">■ all children through 18 years of age;■ targeted catch-up of adolescents in the 6th through 12th grades and all children in any of the high-risk groups.
Varicella	<ul style="list-style-type: none">■ susceptible children through 18 years of age■ susceptible household contacts of immunocompromised individuals regardless of age
MMR	<ul style="list-style-type: none">■ all children through 18 years of age requiring a first or second dose
Hepatitis A	<ul style="list-style-type: none">■ high risk children through 18 years of age, with prior approval from the MIP

Community-based TB prevention

Despite the existence of effective preventive therapy for tuberculosis, treatment of persons with TB infection is hindered by multiple barriers: access to primary health care, cultural and social considerations, negative attitudes associated with TB, and long duration of treatment. In 1996, the city of Boston TB Control Program developed a Community-Based TB Prevention Initiative aimed at delivering TB preventive services in neighborhood health centers where many high-risk populations receive medical care (see Figure 1).

The initiative is based on the belief that increased accessibility leads to improved acceptability of TB prevention within the community, which can increase adherence to and safe completion of preventive therapy. Health centers are culturally and ethnically linked to their communities. Location and hours of operation improve access, and there is an ongoing relationship between the patient/family and the primary care provider. However, health center resources are limited, and primary care providers historically have not been well informed about TB prevention and treatment; nor have they been linked to the public health infrastructure in an ongoing way. The Community-Based TB Prevention Program, divided into three components, was designed to accommodate these issues.

The **Program Initiation Phase** includes:

- assessment of health center resources,
- identification of core provider teams, and
- education of health center staff.

The **Referral and Evaluation Phase**, which is ongoing, includes:

- TB screening—infected clients are identified and referred to Boston Medical Center (BMC) TB Clinic for initial evaluation,
- initiation of preventive therapy, and
- communication of findings and clinical recommendations to referring health center.

The **Monthly Monitoring Phase**, also ongoing, has two distinct activities:

- client-focused monitoring, which includes monthly client follow-up visit at the referring health center, and documentation of monthly visit using the *TB Control Program Preventive Therapy Follow-up Form*, and
- program-focused monitoring, which includes monthly review of health center documentation by TB Control Program staff.

Metro Boston regional update

Tuberculosis Surveillance Area (TSA) 2

The Metro Boston Region includes suburban Boston west to Framingham, north to Wakefield, and south through Norfolk County.

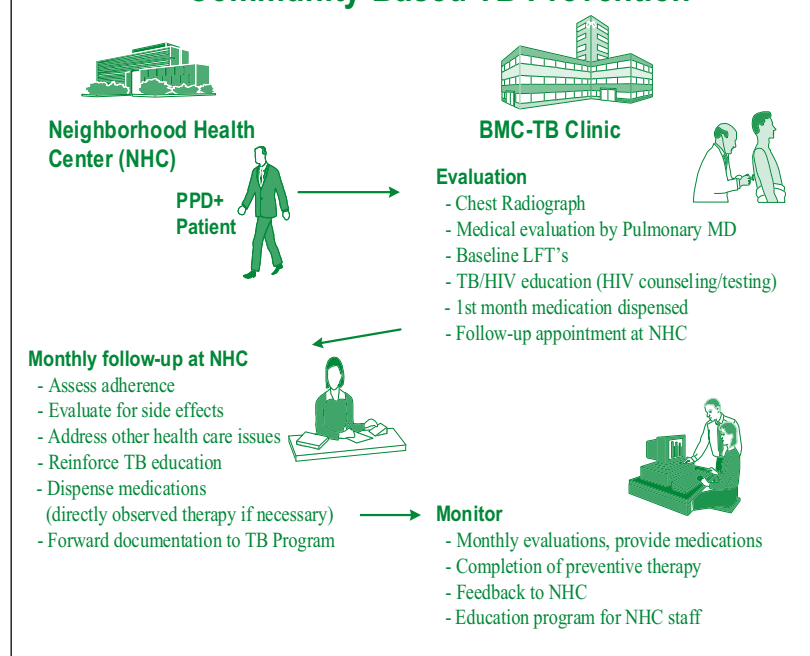
Epidemiology: In 1996, there were 49 verified cases of tuberculosis in TSA 2 (approximately 19% of the state's 262 cases). Although the cases in Massachusetts documented a 20% decrease statewide from 1995, this decrease was not seen in TSA 2.

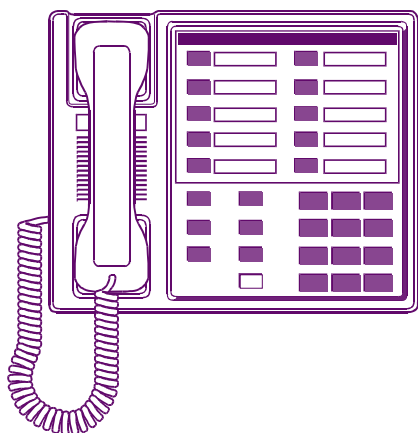
Clinical Services: Clinical services are currently provided free at Cambridge Hospital, St. Elizabeth's Hospital, and Metro West Medical Center, Framingham Campus. The clinic located at the Brighton Marine Health Center has moved back to the main building of St. Elizabeth's Hospital. We welcome a new TB clinic at Lahey Hitchcock Medical Center in Burlington. This new clinic provides services to those communities previously served by Middlesex County Hospital in Waltham.

Community Outreach Activities: Kenedy Montesir, who speaks fluent Haitian-Creole and Spanish, provides community outreach services.

Support services are provided by Jo-Ann Keegan, RN, MSN (TSA Nurse) who can be reached at (617) 727-7908 ext. 48 or (508) 851-7261 ext. 48, Mary Mahoney (Clerk), and Linda Thistle (Case Register Surveyor).

Figure 1
Community-Based TB Prevention





New toll free number

You can now call the Massachusetts Department of Public Health, Division of Epidemiology and Immunization toll free at **1-888-658-2850**, Monday through Friday

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Howard K. Koh, MD, MPH, Commissioner

To subscribe, please call Jacki Hanson at (617) **983-6559**

Bureau of Communicable Disease Control (617)
 Alfred DeMaria, Jr., MD, Assistant Commissioner 983-6550

AIDS Surveillance Program (617)
 Lisa Gurland, RN, PsyD, Director 983-6560

Division of Epidemiology and Immunization (617)
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Division of STD Prevention (617)
 Paul Etkind, MPH, Director 983-6940

Division of Tuberculosis Prevention and Control (617)
 Sue Etkind, RN, MS, Director 983-6970

Managing Editors Janine Cory, MPH
 David Gray
 Allison Hackbarth, MPH

Contributing Editors Christine Burke, MPH, LICSW
 Kathleen S. Hursen, RN, MS

Editor, Internet Edition Tim Broadbent
Proofreader Emily Harvey, RS

Save the dates

Ted Badger Conference

TB Tomorrow: Diagnosis, Treatment and Prevention

March 24, 1998, 8 AM -4 PM. To be held at the Crown Plaza in Natick. For information call Denise Lancto at (617) 983-6970.

CDC Satellite Training Courses

Vaccine Safety and Risk Communication

February 26, 1998, two broadcasts at 8-10 AM and 12-2 PM. To be held at the State Laboratory Institute in Jamaica Plain. Accessible by MBTA, parking only in Fitz-In Lot at 3649 Washington St. For registration information call Jean Franzini at (617) 983-6800.

The Epidemiology and Prevention of Vaccine-Preventable Diseases

April 9, 16, 23, 30, 1998 (4-day course)

Adult Vaccine-Preventable Diseases
 June 4, 1998

These programs will be carried live by the Health and Sciences Television Network (HTSN) and by the Long Term Care Network (LTCN). For more information to downlink your site or attend a program, please call Jean Franzini at (617) 983-6800.

3rd Annual Massachusetts Immunization Action Partnership (MIAP) Conference

May 28, 1998. The keynote speaker is William Atkinson, MD, MPH of the National Immunization Program, Centers for Disease Control and Prevention (CDC), Atlanta, Georgia.

Massachusetts Public Health Association – Annual Women's Breakfast Series

Sponsored by the Women's Health Section of the Massachusetts Public Health Association (MPHA), this series of inexpensive informational sessions are open to the public and located in downtown Boston. This year's theme is entitled, "Women's Health: Helping Women Help Themselves."

Complementary Therapies
 February 1998

Women, Health and the Internet
 March 1998

Women and Managed Care
 April 1998

Surviving Cancer
 May 1998

For more information, contact the MPHA at (617) 524-6696.